WORK ORDER NUMBER

FROM

DATE

PAUL O'NEILL

O'Neill Dental Lab

12033 4TH ST., SUITE 2 YUCAIPA, CALIFORNIA 92399 PHONE (909) 797-3543

ADDRESS			
CITY			ZIP
PATIENT'S NAME OR IDENTIFIC			
TYPE OF RESTORATION			
DATE WANTED: TRY-IN		AM FINISH	
(CONSTRUCT AND DELIVER TO TH	E UNDERSIGNED ON	NLY THE HEREIN DESCRI	IBED DENTAL RESTORATION
MALE	MAJOR CONNECTOR Horseshoe		FINISH CLASP Light Medium Heavy e opposing? Yes \(\) No \(\) Connector? Yes \(\) No \(\)
7 8 9 10 6 7 11 12 4 13 3 14 2 15 1 RIGHT LEFT 16		To	OOTH SHADE eeth Sent urticulator Sent
18 LOWER 20 21 22 22 24 23	,		
Dentist's License Numbe	r		Date

PAUL O'NEILL

O'Neill Dental Lab

12033 4TH ST., SUITE 2 YUCAIPA, CALIFORNIA 92399 PHONE (909) 797-3543

ROM WORK ORDER NUMBER		DATE		
DR				
ADDRESS				
CITY		STATE ZIP		
PATIENT'S NAME OR IDENTIFIC	CATION NUMBER			
TYPE OF RESTORATION				
DATE WANTED: TRY-IN		AM FINISH		
(CONSTRUCT AND DELIVER TO THE UNDERSIGNED ONLY THE HEREIN DESCRIBED DENTAL RESTORATION)				
☐ MALE ☐ FEMALE ☐ VIGOROUS ☐ SOFT AGE	MAJOR CONNECTOR Horseshoe Palatal Bar Circular Bar Lingual Bar	DOWN COMPANY OF NO.		
CHECK BASIC FACE FORM ☐ Square ☐ Square Tapering ☐ Tapering ☐ Ovoid	Lingual Plate	OK to relieve opposing? Yes \(\text{No} \) \(\text{No} \) \(\text{OK to Change Clasps Type? Yes} \(\text{No} \) \(\text{No} \) \(\text{OK to Change Major Connector? Yes} \(\text{No} \) \(\text{No} \) \(\text{No} \)		
8 9 10 6 7 11 12 4 13 3 UPPER 13 3 14 2 15 1 RIGHT LEFT 16 32 RIGHT LEFT 17		SPECIAL INSTRUCTIONS TOOTH SHADE Teeth Sent Articulator Sent		
31 18 30 19 19 20 21 22 26 25 24 23				
Dentist's License Numbe	r	Date		

Personal Signature of Dentist